

Bacterial Analysis of Foods Request Form

Please fill in all of the gray areas.



State of Idaho
Bureau of Laboratories
2220 Old Penitentiary Rd.
Boise, ID 83712
208-334-2235
EPA Lab No. ID00018

Environmental Health Specialist / Agency		
Address		
City	State	Zip
Attention		Contact Phone
Collected by	Date Submitted (Mo, Day, Yr)	Epi / Outbreak Number

SAMPLES COLLECTED	Hour	Date	Temperature of collection	Source	
				<input type="checkbox"/> Restaurant* <input type="checkbox"/> Processing <input type="checkbox"/> Home <input type="checkbox"/> Grocery/Store <input type="checkbox"/> Institutional	
TEST REQUESTED (Check appropriate boxes)					
<input type="checkbox"/> Plate count <input type="checkbox"/> Fecal Coliform <input type="checkbox"/> <i>E. coli</i> O157:H7 <input type="checkbox"/> Salmonella <input type="checkbox"/> Shigella <input type="checkbox"/> Total coliform <input type="checkbox"/> <i>Staph. aureus</i> <input type="checkbox"/> <i>Bacillus cereus</i> <input type="checkbox"/> Listeria <input type="checkbox"/> Campylobacter <input type="checkbox"/> Vibrio <input type="checkbox"/> Microscopic examination <input type="checkbox"/> toxin (<i>Staph aureus</i> / <i>Bacillus cereus</i>)					

LABORATORY Sample Number (LAB USE ONLY)	FOOD/PRODUCT – UPC Code	TEST REQUESTED / NOTES

Special Instructions:

* Please indicate name of restaurant and/or place of purchase, including address if samples are from a chain restaurant or store.

Food Poisoning Investigations

Number of people ill	Time of Onset	Incubation period	Duration of Illness
Symptoms General Gastrointestinal Diarrhea Other(Specify) <input type="checkbox"/> Fever _____ <input type="checkbox"/> Nausea <input type="checkbox"/> Bloody <input type="checkbox"/> Fatigue <input type="checkbox"/> Vomiting <input type="checkbox"/> Watery <input type="checkbox"/> Muscle aches <input type="checkbox"/> Cramping <input type="checkbox"/> Head ache <input type="checkbox"/> Bloating Frequency/Day			
Type of food poisoning suspected			

LABORATORY USE ONLY

How Received: Courier Walk-In Mail # Bottles / Sample: 1 Container Type: _____

Received by: _____ Billing / Receipt: _____ Lab Sample #: _____

Date / Time Received: _____ Lab Order ID: _____

Updated 10/24/06